This is a guide only and does not replace clinical judgment

Products listed or pictured are examples only and do not represent an endorsement of any company or particular product

References

Haesler E, Carville K. Australian Standards for Wound Prevention and Management. 2023. AHRA, Wounds Australia, WAHTN. https://woundsaustralia.org/ocd.aspx

Kelechi TJ et al. 2019 Guidelines for management of wounds in patients with lower-extremity venous disease: An executive summary. Journal of Wound, Ostomy, Continence Nursing 2020;47:97-110.

Lizarondo L. Evidence Summary. Venous leg ulcer: Debridement. JBI EBP Database, 2021; JBI-ES-3812-2.

Wounds Canada. Best practice recommendations for the prevention and management of venous leg ulcers. 2019. https://www.woundscanada.ca/health-care-professional/

Wounds UK. Addressing complexities in the management of venous leg ulcers. 2019. https://wounds-uk.com/

promoting healthy skin
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Venous Leg Ulcers

Information for health professionals

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Venous Leg Ulcers

Assessment

- Undertake comprehensive, ongoing assessment of the person
- Screen all persons with a leg ulcer for arterial disease, via history, clinical assessment, Ankle Brachial Pressure Index (ABPI) and/or Toe Brachial Index (TBI)
- An ABPI/TBI should only be undertaken by health practitioners with training and expertise
- Undertake ABPI/TBI regularly, every 3-12 months according to the person's condition
- Measure and document ulcer area and characteristics regularly to monitor progress
- Refer to a medical specialist if:
  - there is uncertainty in diagnosis
  - there is a low or high ABPI (<0.9 or >1.3) or TBI (<0.7)
  - complex ulcers (e.g., multiple aetiology)
  - signs of spreading or systemic infection
  - deterioration of ulcer
  - failure to reduce in size by 20-30% in four to six weeks, or to improve after 3 months
  - uncontrolled pain

Management

- Cleanse the lower leg and ulcer with a non-irritating solution and debride any devitalized tissue if present
- Dressings should be simple, low-adherent, cost effective and acceptable
- Compression therapy is recommended, where there are no contradictions (e.g. peripheral arterial disease, neuropathy, low ABPI)
- Compression therapy should be applied by a trained and proficient practitioner
- Protective padding should be used over bony prominences when applying compression
- Refer for vascular assessment
- Recommend leg elevation and progressive leg exercises

Venous leg ulcers typically:

- Occur on the lower third of the leg
- Are usually shallow
- Have irregular, sloping wound margins
- produce moderate to heavy exudate
- Pain is relieved by elevation of the legs

Prevention

- Use of compression therapy reduced ulcer recurrence rates
- Compression garments should be measured and fitted by trained health professionals
- Replace compression garments regularly
- Teaching people how to apply and remove their garments is essential
- A variety of garment donners and doffers are available
- Strategies to prevent recurrence also include:
  - venous investigation and potential intervention
  - regular follow-up (3-12 months) depending on need and risk of recurrence
  - skin care
  - lower limb exercise
  - elevation of lower limbs

Venous ulcers are the most common type of leg ulcer and account for 60-70% of all leg ulcers